

2140

This certificate must be filed by the attending physician or midwife with the Local Registrar within 3 days after birth.

PLACE OF BIRTH		ARIZONA TERRITORIAL BOARD OF HEALTH	
County of <u>Gila</u>		BUREAU OF VITAL STATISTICS. Ter. Index No. <u>124</u>	
District of _____		ORIGINAL CERTIFICATE OF BIRTH. Co. Registrar No. <u>204</u>	
Town of <u>Miami</u>		Local Registrar's No. _____	
or _____			
City of _____		(No. _____ St; _____ Ward)	
FULL NAME OF CHILD <u>no name</u>		Born <input checked="" type="checkbox"/> YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive <input checked="" type="checkbox"/> NO	
Sex of Child <u>Male</u>	Twin, Triplet or other <u>—</u>	and	Number in order of birth <u>—</u>
		Legitimacy <u>yes</u>	Date of Birth <u>Aug 27</u> 19 <u>10</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Herman Carroll Ruppner</u>		Full Maiden Name <u>Freda Lecha Magnusson</u>	
Residence <u>Miami A.T.</u>		Residence <u>Miami</u>	
Color or Race <u>W</u>	Age at last Birthday <u>30</u> (Years)	Color or Race <u>W</u>	Age at last Birthday <u>28</u> (Years)
Birthplace <u>Sweden</u>		Birthplace <u>Sweden</u>	
Occupation <u>Miner</u>		Occupation <u>House wife</u>	
Number of child of this mother <u>3</u>	Number of children, of this mother, now living <u>2</u>	Were Precautions taken against Ophthalmia neonatorum? <input checked="" type="checkbox"/>	

SEP 12 1910

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child; and that it occurred on Aug 27 1910, at 11:50 AM

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) John F. Bacon  
(Attending physician, midwife, householder, \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_

Address Miami Ruppner  
J. F. Bacon  
LOCAL REGISTRAR.  
COUNTY REGISTRAR.

Filed Aug 27 1910  
Filed Sept 12 1910

095-827-645  
COUNTY REGISTRAR.